

Rod R. Blagojevich, Governor Barry S. Maram, Director

## **Illinois Department of Public Aid**

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## INFORMATIONAL NOTICE

October 22, 2004

**TO:** Enrolled Transportation Providers

**RE:** Health Care Procedure Coding System (HCPCS) Modifiers

Effective with dates of service on and after December 1, 2004, transportation providers will be required to use the appropriate HCPCS modifiers in place of origin and destination codes. The use of these modifiers will apply to all claims, paper and electronic.

Effective with the date of this informational notice, First Transit will begin issuing the HCPCS modifiers on approval letters for dates of service on and after December 1, 2004. However, the codes for any services that First Transit has already approved will not change. To avoid rejections, use the code that is on the approval letter when submitting claims for non-emergency transportation services.

Table A, attached to this notice, contains the HCPCS modifiers effective for dates of service on and after December 1, 2004.

It is the responsibility of each provider to ensure that all materials related to changes in the department's billing procedures, handbooks, etc., are shared with their software vendor, corporate help desk or information systems area.

Questions regarding this notice may be directed to the Bureau of Comprehensive Health Services toll-free at 1-877-782-5565 or 217-782-5565.

Anne Marie Murphy, Ph.D. Administrator Division of Medical Programs

## Illinois Department of Public Aid Conversion of Origin/Destination Codes to HCPCS Modifiers Effective for Dates of Service On and After December 1, 2004

Table A

Origin/Destination		HCPCS	
Code	Description	Modifier	Description
A	Doctor's Office	P	Physician's Office
D	Medical Clinic (Hospital Renal Dialysis Center, ASTC, RHC)	D	Medical Service (other than P or H)
В	Hospital (Inpatient or Outpatient)	Н	Hospital (Inpatient or Outpatient)
K	Residence (Home, LTC, Sheltered Care Facility)	R	Residence
K	Residence (Home, LTC, Sheltered Care Facility)	E*	Residential (Custodial not SNF)
K	Residence (Home, LTC, Sheltered Care Facility)	N*	Skilled Nursing Facility (SNF)
L	Other	S*	Scene of Accident
L	Other	X*	Destination code intermediate stop at Drs office on the way to hospital

<sup>\*</sup> These modifiers apply to emergency trips only.

Attachment to notice: HCPCS Modifiers, October 2004